

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-015575

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 188

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

17005
20070

3

4 1

5 2

6

7 1

8 1

94201

10

11

1286-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. **FILED** APR 24 1962

a. COUNTY **Jackson**

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN **Independence**

Length of stay in 1b

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Rest Haven 1500 West Truman**

Inside Limits

☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **Rich Hill**

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
Rich Hill

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Lela

Middle

Elizabeth

Last

Butler

4. DATE OF DEATH

Month **April**

Day **13**

Year **1962**

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
8-14-1890

9. AGE (last birthday)
71

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Kansas

12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

Charles DePew

13b. MOTHER'S MAIDEN NAME

Elsie Cantrell

14. NAME OF HUSBAND OR WIFE

Owen Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes ☐ No ☒ or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Fern Whitlow Ever Green Farm Horton Mo

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH
Unknown

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **12/21/61** to **4/13/62** and last saw her alive on **4/13/62**
Death occurred at **5:15** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold W. Keenine ma

22b. ADDRESS

10901 Wimmer Road

22c. DATE SIGNED

4/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-16-1962

23c. NAME OF CEMETERY OR CREMATORY

Floral Hill Cemetery

23d. LOCATION (City, town, or county)

Kansas City Mo

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Roland R Speaks Funeral Home Independence 4-16-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Alba L. Craig

USE BLACK INK
OR
TYPEWRITER RIBBON

4-16-62

MAY 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Don D. Lindsey, Student Embalmer No. 649
working under my personal supervision.

Student

Don D. Lindsey
Signature of Student Embalmer

Signed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

4-16-62